



Our best science is clear that Adverse Childhood Experiences (ACEs) have a tremendous impact on child and adult health and the quality of all our lives. ACEs can be prevented, and we can restore the health and vitality of our nation's children and adults through integrated trauma-informed approaches.<sup>1-2</sup>

*Over 45% of US children and two-thirds of adults have experienced at least one Adverse Childhood Experience<sup>3-4</sup> - like physical or emotional neglect or abuse, living with someone with a drug, alcohol or serious mental health problem, the death of a parent and being exposed to violence or discrimination in the home or community. WHO found that the results of ACEs cost the United States over \$740 billion annually.<sup>5</sup>*

## A TRAUMA-INFORMED AGENDA FOR THE FIRST 100 DAYS OF THE BIDEN-HARRIS ADMINISTRATION

We must build a culture of healing in our nation to overcome the collective trauma that we are experiencing. COVID-19, the economy, and political divisions are the latest traumas that perpetuate a legacy of suffering in our country. The resources and tools are available, now, to implement these recommendations.

The possibilities are great to address these traumas and bring communities together. We have the science, compassion and will to move toward a better future for all Americans. Creating a culture of healing must be a priority for this administration. Trauma-informed and resilience-focused approaches are proven ways to get there. This brief lists executive actions the Biden Administration can take in the first 100 days to improve health and well-being outcomes for all Americans more broadly.

Fully addressing the trauma resulting from the COVID-19 pandemic requires that we acknowledge and address multiple sources of trauma that preceded the pandemic. This includes adverse childhood experiences (ACEs), historical trauma and systemic racism, that contribute to the inequitable impact of this current trauma. Coordinated and collaborative actions are needed in the areas of education, workforce, public health, law enforcement, and government and must include addressing secondary and vicarious traumatic stress.

A response to the pandemic must address the

physical and economic harms it has and will cause as well as the psycho-social-emotional damages resulting from loss, widespread fear, anxiety and isolation being experienced by so many Americans in every community.

Numerous legislative proposals seek to address the separate causes and different ways trauma impacts Americans, but there is a need for coherent leadership to create an integrated national plan for healing the widespread cross-cutting damage done by a combination of the pandemic and collective and historical trauma facing the US today. Large gains can be made with a strategic administrative plan for addressing trauma, stress, and adversity, even as the longer process of aligning legislative action continues.

Leadership at the highest level is urgently needed to leverage existing possibilities and marshal a coordinated approach to prevent and reduce trauma. Our best science (see sidebar) supports a national campaign and a cross-agency approach to prioritize possibilities for healing, foster resilience and restore the sense of hope and connection our Nation needs. The specific suggestions are summarized below. CTIPP stands ready to further assist as needed.

Breakthrough neurobiological sciences explain mechanisms linking ACEs exposure levels to markedly higher rates of chronic physical illnesses, mental, emotional and behavioral health problems and lowered quality of life and life expectancy. *National and State agenda's and methods to prevent and heal the legacy of the trauma from ACEs are available.*<sup>6-9</sup>

The toxic stress and trauma associated with ACEs shorten lives, cause unnecessary suffering, early death and loss of human potential. They are passed on through generations and have debilitating effects on the capacity of individuals and communities to stay resilient and connected in the face of challenges, such as the US faces today.

Ours is a social brain. And the relational wounding at the core of ACEs requires relational healing -in our families, communities, organizations and nation. Without healing, the damage done to our bodies, brains, sense of hope and ability to come together as a society will persist and become worse. Policy shifts are needed to align with science and what is possible.

*"It is easier to build strong children than to fix broken men."* Frederick Douglass

**CTIPP**  
Campaign for Trauma-Informed  
Policy and Practice

**CTIPP** is a nonprofit organization whose mission is to create a healthy, just, resilient, and trauma-informed society where all people have the social, political, cultural, economic, and spiritual opportunities and the supports necessary to thrive.

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## **SHORT TERM PRIORITIES TO ADDRESS THE PSYCHO-SOCIAL-EMOTIONAL IMPACT OF THE PANDEMIC**

1. **EDUCATION** – Direct the Secretary of Education to collect and disseminate existing effective tools developed to assist schools in implementing trauma-informed programs to enable schools to address the high levels of adversity and trauma students have experienced throughout the pandemic. In providing guidance on the use of education funds provided by a new stimulus bill, the relevant Secretaries should specify that the use of funds should include implementation of trauma-informed programs in schools, focusing particularly on communities of color, those suffering from poverty, and those suffering high levels of diseases of despair.
2. **WORKFORCE** – The low-income workforce is suffering the greatest economic impact from the pandemic and thus a higher likelihood of being traumatized by the Pandemic. Traumatized workers can bring increased stress levels to work with them, increasing disciplinary actions and reducing productivity. The Secretary of Labor should provide employers in industries that employ a high percentage of low-income workers with education about the impact of trauma on their workers and approaches to support them.
3. **PUBLIC HEALTH** – Stress related to the pandemic has led to increases in substance use, child abuse, domestic violence, crime, gun use, and other predictable behaviors known to result from trauma and adversity. Numerous legislative proposals focus on addressing and treating these negative outcomes, but they exist in silos and without emphasis on the possibilities for early intervention and prevention. We know that it often takes 12-18 months for the most extreme reactions to trauma to surface, so swift implementation by the Biden administration to develop population-level prevention efforts could save individuals and communities from unnecessary spread and associated threats. There is a need for:
  - a. Providing guidance on how funds for state and local governments provided in any new stimulus bill may be used to promote community and population-level resilience to address the trauma caused by the pandemic.
  - b. Providing guidance on how existing funding can be used to build resilience in schools and in communities, and fund treatment programs.
  - c. Advancing trauma-informed education and treatment by implementing underused ACA coverage of preventative services.
4. **SECONDARY AND VICARIOUS TRAUMA** – Teachers, law enforcement officers, first responders, nurses and other healthcare workers, mental health and social welfare workers and others serving people and communities affected by the pandemic related trauma are at-risk for secondary and vicarious trauma. Recipients of funds in any new stimulus bill should be advised on how they can use those funds to provide trauma-informed and resilience strategies for those most at-risk for secondary/vicarious trauma.
5. **RACIAL, INTERGENERATIONAL AND HISTORICAL TRAUMA** – The legacies of racism and other forms of oppression have left Black, Indigenous, People of Color (BIPOC) communities more at-risk of contracting COVID-19 and vulnerable to its extreme health consequences. We need to increase public awareness of the impact of trauma on communities of color, indigenous communities, LGBTQIA+ communities, and others have suffered throughout the history of our country.
  - a. Any new stimulus bill should include funds to support expansion of rapid testing and improved access to healthcare in communities most at-risk of contracting the coronavirus.
  - b. Increase representation of marginalized communities in shaping public policy and engage them in translating policy in local community action.

## **SHORT TERM CROSS-CUTTING PRIORITIES TO ADDRESS TRAUMA AND ACEs**

1. **NATIONAL HEALING CAMPAIGN** – Establish a goal of preventing ACEs and reducing their impact by 50% by 2030 – through trauma-informed and resilience-focused programs, education campaigns, and more. Move the Interagency Task Force on Trauma-Informed Care from HHS to the White House and expand its responsibilities to develop a comprehensive plan to reach this goal of reducing ACEs by 2030. Prioritize approaches to serve marginalized communities suffering high levels of ACEs, diseases of despair, and associated health conditions.
2. **FEDERAL TRAUMA-INFORMED AND ANTI-RACISM TRAINING** – Require online trauma-informed and anti-racism trainings for all federal employees engaged in human services programs, with extra emphasis on reaching those in policy making positions. These online trainings could likely be covered under the existing budget for federal employee training.
3. **HEALING IN ALL POLICIES** – Issue an Executive Order requiring that all new policies being implemented by Federal agencies be reviewed through a trauma-informed and anti-racist lens to examine their potential to reduce and remedy adversity and trauma.

4. **COORDINATE AND TRAIN** – Direct HHS to improve coordination among maternal and child, youth, and family programs (HRSA, ACF, etc.) and develop plans to integrate trauma-informed and resilience training and programming on a systematic basis.
5. **REINSTATE TRAININGS FOR ANTI-RACISM AND STRUCTURAL RACISM**– Rescind the Executive Order banning training on anti-racism and structural racism for federally funded programs.
6. **HEALING PRIORITY POPULATIONS** – Direct agencies serving populations suffering from high levels of trauma to develop plans to make the programs trauma-informed and resilience-focused. Such agencies would include the Bureau of Indian Affairs and the Indian Health Service (done in consultation with tribes), the Bureau of Prisons, the Veterans Administration, and more.
7. **ADDRESSING TRAUMA AT THE BORDER** – Reallocate funds taken from DOD and other agencies for the Border Wall and use it to provide trauma-informed services to promote healing among the families who have and are continuing to suffer trauma as a result of family separation and other Border policies.

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